



Deborah A. Gist  
Commissioner

State of Rhode Island and Providence Plantations  
**DEPARTMENT OF EDUCATION**  
Shepard Building  
255 Westminster Street  
Providence, Rhode Island 02903-3400

**Rhode Island Pre-Kindergarten Program**  
**2014-2015 Application**  
(Accepted until August 6, 2014)

In 2008, the R.I. General Assembly, recognizing the need to adequately prepare all children to succeed in school, called for the Department of Elementary and Secondary Education (RIDE) to explore ways to provide children with access to publicly funded, high-quality prekindergarten (Pre-K) education programs. The 2014 – 2015 RI Pre-Kindergarten Program sites are:

**In Central Falls:**

**Central Falls School District**  
**Captain Hunt School**  
12 Kendall Street  
Central Falls, RI 02863  
727-7720 (applications available at Ella Risk  
Elementary School, 949 Dexter Street)

**In Cranston:**

**Comprehensive Community Action Program**  
**(CCAP)**  
848 Atwood Avenue  
Cranston, Rhode Island 02920  
943-4060

**In Newport:**

**East Bay Community Action**  
**Program Head Start (two classrooms)**  
8 John H. Chafee Blvd.  
Newport, RI 02840  
367-2001

**In Pawtucket:**

**Ready to Learn/Heritage Park YMCA Early**  
**Learning Center**  
333 Roosevelt Avenue  
Pawtucket, RI 02860  
727-7050

**In Providence:**

**Beautiful Beginnings**  
700 Elmwood Avenue  
Providence, Rhode Island 02907  
785-8485

**Ready to Learn Providence @ CCRI Liston**  
**Campus**  
1 Hilton Street  
Providence, Rhode Island 02905  
490-9960 (Applications available at  
945 Westminster Street, Providence)

**The Mariposa Center Pre-K**  
One Corliss Avenue  
Providence, RI 02905  
228-8702 (Applications available at 550 Branch  
Ave, Providence)

**Smith Hill Early Childhood Learning Center**  
**(two classrooms)**  
25 Danforth Street  
Providence, RI 02908  
455-3890

## **In Warwick:**

### **CHILD, Inc.**

160 Draper Avenue  
Warwick, Rhode Island 02888  
732-5200

### **Imagine Preschool**

400 East Avenue  
Warwick, Rhode Island 02888  
825-1152

### **Westbay Children's Center**

22 Astral Street  
Warwick, Rhode Island 02888  
463-6620

## **In West Warwick:**

### **CHILD, Inc. (two classrooms)**

28 Payan Street  
West Warwick, RI 02889  
828-2888

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## **In Woonsocket:**

### **Woonsocket Head Start**

**Child Development Association  
(two classrooms)**  
204 Warwick St.  
Woonsocket, RI 02895  
769-1850

**To be eligible for enrollment, children must:**

- turn 4 years of age by September 1, 2014; and
- live in the community in which the Pre-K program is located.

**A copy of birth certificate, proof of residency, and family income verification will be required upon enrollment.**

**Children will be selected for enrollment through a state-supervised lottery. Each classroom will enroll 18 children. Children will be assigned to classrooms in their community of residence.**

**Completed applications should be returned to the program of choice. Please *do not* submit applications to the Department of Education.**

**Parents may apply at more than one site if multiple sites exist in the community of residence, but only one application per site will be accepted. Applications will be accepted until August 6, 2014. If selected during the lottery, enrollment will be offered for that site only.**

**Questions? Contact Franklin Brito at [franklin.brito@ride.ri.gov](mailto:franklin.brito@ride.ri.gov) or 222-8184**

**Rhode Island Pre-Kindergarten Program  
2014-15 APPLICATION**

**(By August 6<sup>th</sup> deliver this application to the Pre-K program of your choice)**

**CHILD'S FULL NAME:**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

**SEX:**     ☐ Male             ☐ Female

**DATE OF BIRTH:** \_\_\_\_\_

**CHILD'S HOME ADDRESS:**

Street Address/Apt. # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**PARENT/PERSON ACTING AS PARENT APPLYING FOR CHILD:**

**Parent #1**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street Address/Apt. # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Parent #2**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Street Address/Apt. # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**HOUSEHOLD INCOME:**

**What is the number of people in your household?** \_\_\_\_\_

**What is your annual household income? Check a circle below. This information will be verified if enrolled.**

- |   |   |   |
|---|---|---|
| <input type="radio"/> \$29,101 or below   | <input type="radio"/> \$29,102 - \$36,612 | <input type="radio"/> \$36,613 - \$44,123 |
| <input type="radio"/> \$44,124 – \$51,634 | <input type="radio"/> \$51,635 - \$59,145 | <input type="radio"/> \$59,146 - \$66,656 |
| <input type="radio"/> \$66,657 - \$74,167 | <input type="radio"/> \$74,168 - \$81,679 | <input type="radio"/> \$81,679 or above   |

**Please check the boxes and sign below to document that you have read and understand the following statements:**

☐ I attest that the information provided above is correct and I understand that filing documents containing false information with the government is illegal. (RIGL 11-18-1).

☐ I understand that if my child is chosen for the state Pre-K program, I am responsible for providing regular transportation to and from the program which ensures my child's attendance each day. If my child is absent for unexcused reasons (including family vacations) for 20 or more school days, I understand that my child will likely lose their slot in the state Pre-K program and it will be given to the next child on the state Pre-K enrollment list.

☐ I confirm that I can be reached at the phone numbers listed in this application from August 7 – 8, 2014 if my child is chosen in the state lottery to participate in the state Pre-K program.

**Parent or Guardian  
Signature**\_\_\_\_\_

**Date**\_\_\_\_\_